



ASC Utilization Report

State Form 49933 (R3/6-05)
Indiana State Department of Health
Acute Care

I. Center Identification

Organization Name: AMBULATORY SURGERY CENTER AT THE INDIANA EYE CLINIC, LLC

Street Address: 30 North Emerson Ave

City: Greenwood

County: Johnson

ASC Web Address: www.indianaeyeclinic.com

Fiscal Year: 2012

Accredited: ☒ Yes ☐ No

Name of Accrediting Body: AAAHC

Deemed Status: ☐ Yes ☒ No

Corporate Tax Status: ☒ For Profit ☐ Non Profit

II. Identification of Surgical Resources

Number of operating rooms	2
Number of procedure rooms	1

III. Utilization Statistics

A. Total Patients and Procedures		
Time Period	Number of Patients	Number of Procedures
Persons Served in twelve-month period	997	3115
B. Ten Most Frequent Surgical Procedures Performed		
CPT Code	Total Procedures	
66984	507	
66821	191	
66982	46	
67028	42	
V2788SC	27	
65855	22	
11440	20	

65760	20
V2788SA	17
66711	10

IV. Outcomes from Surgical Procedures

Number of patients with a Post-Surgical wound infection within 30 days following a surgical encounter.	0
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